

ARIZONA DEPARTMENT OF PUBLIC SAFETY

Initial Firearms-safety Instructor Training Course Registration Request

I request a reservation at the 8 Hour DPS Initial Firearms Safety Instructor Training Course

Primary Date Requested: _____

Secondary Date Requested: _____

Course Location: Phoenix _____ Tucson _____ Flagstaff _____ Other _____

INSTRUCTOR-APPLICANT

PLEASE PRINT CLEARLY

Last Name	First Name	Middle Initial	
Address	City	State	Zip Code
E-mail address	Phone Number	Fax Number	

TRAINING ORGANIZATION

PLEASE PRINT CLEARLY

Training Organization Name	Training Organization Number		
Address	City	State	Zip Code
Name of Training Organization Point of Contact	Phone	affix seal	
E-mail address	Fax Number		
Upon receipt of applicant registration request, DPS will forward confirmation information via FAX or E-mail			

I attest that the named applicant meets all requirements per ARS 13-3112 E(1) thru (5), and Admin Rules 13-9-307

Organization Point of Contact Signature

DPS Use Only
Date Received